



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

June 29, 2013

## Public Health & Emergency Preparedness Bulletin: # 2013:25 Reporting for the week ending 06/22/13 (MMWR Week #25)

### CURRENT HOMELAND SECURITY THREAT LEVELS

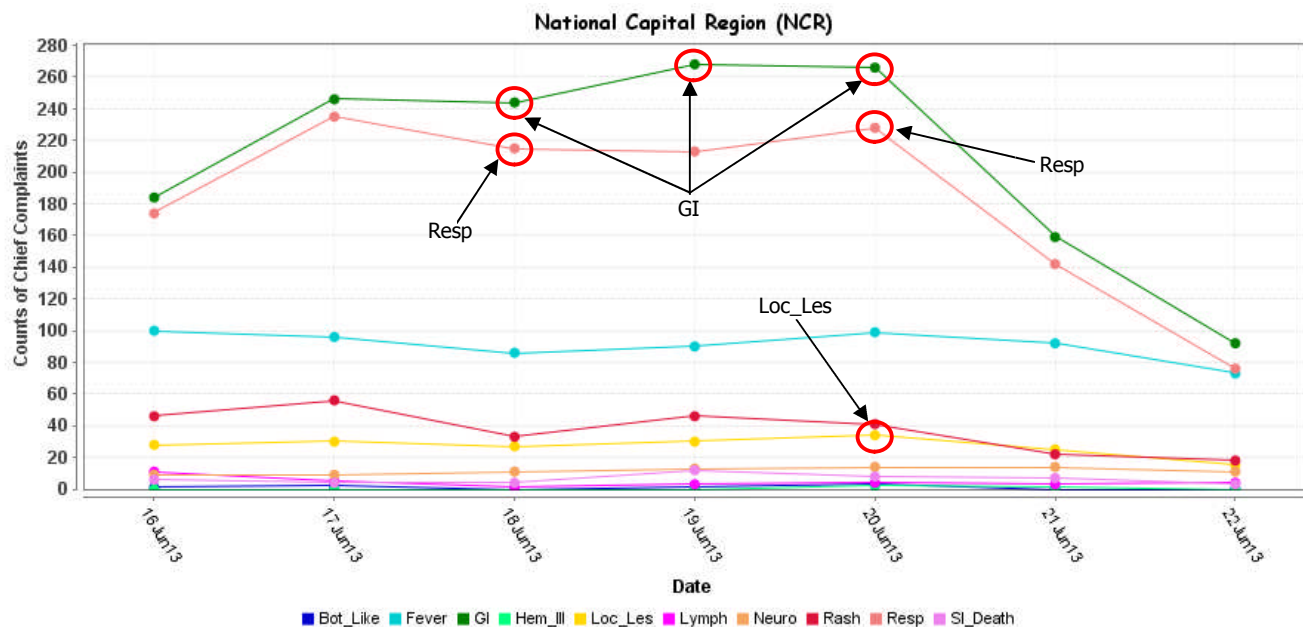
National: No Active Alerts  
Maryland: Level One (MEMA status)

### SYNDROMIC SURVEILLANCE REPORTS

#### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

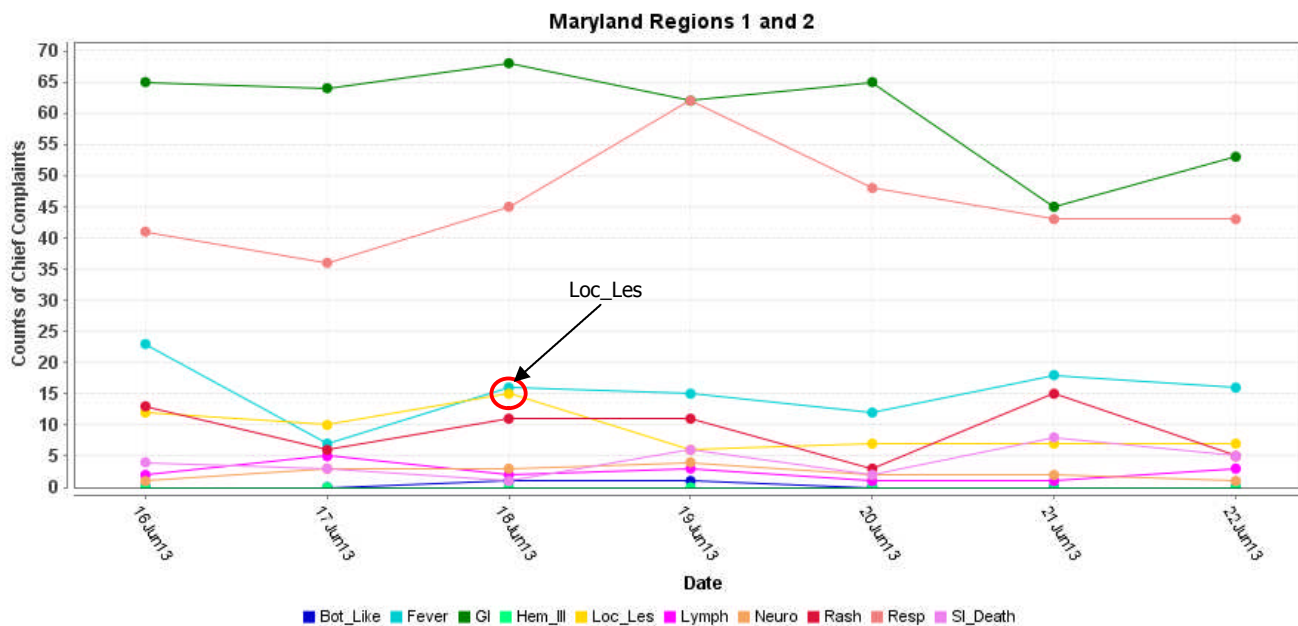
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

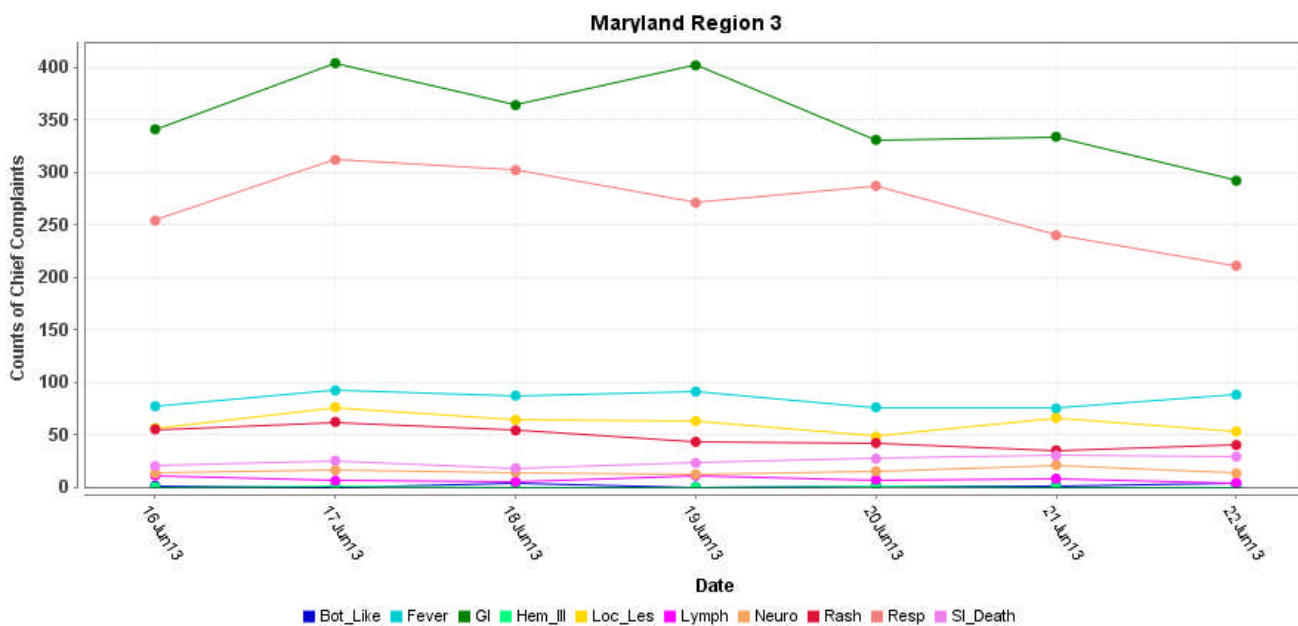


\*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

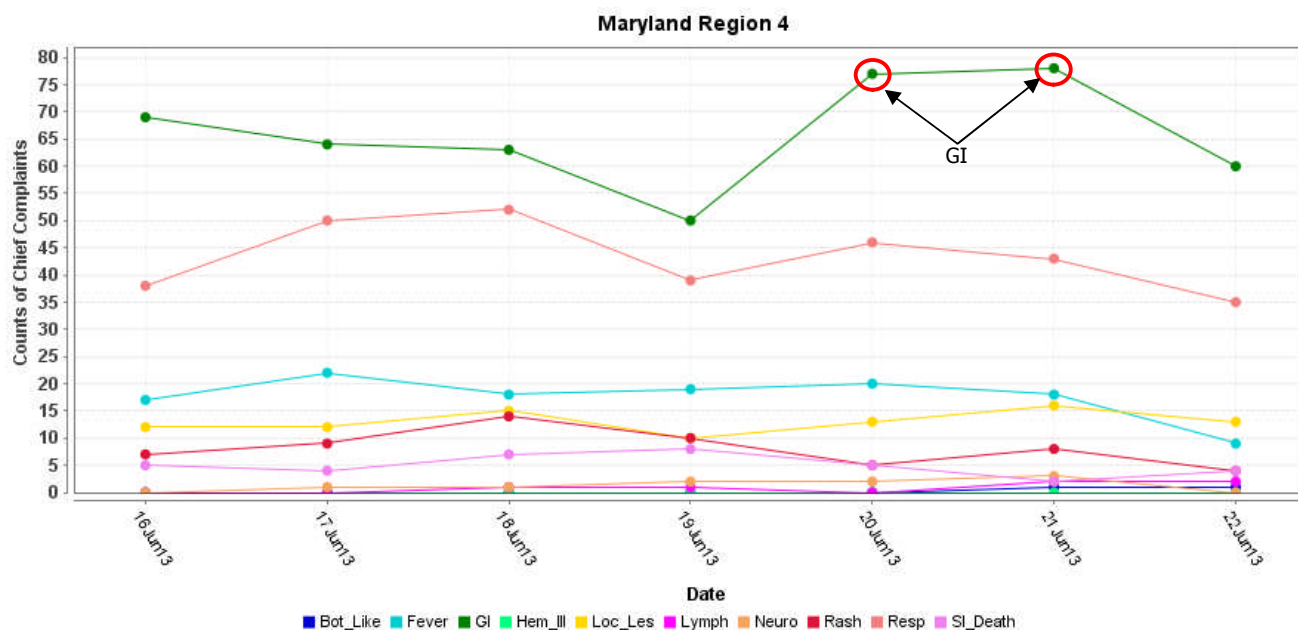
**MARYLAND ESSENCE:**



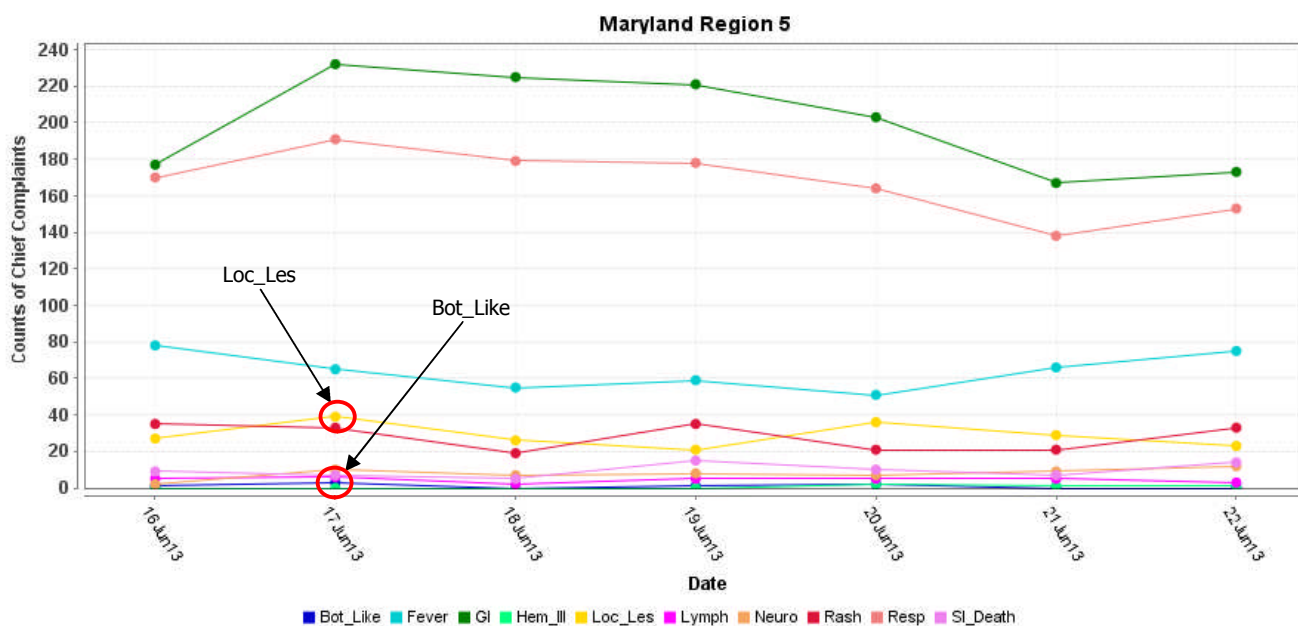
\* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



\* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



\* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

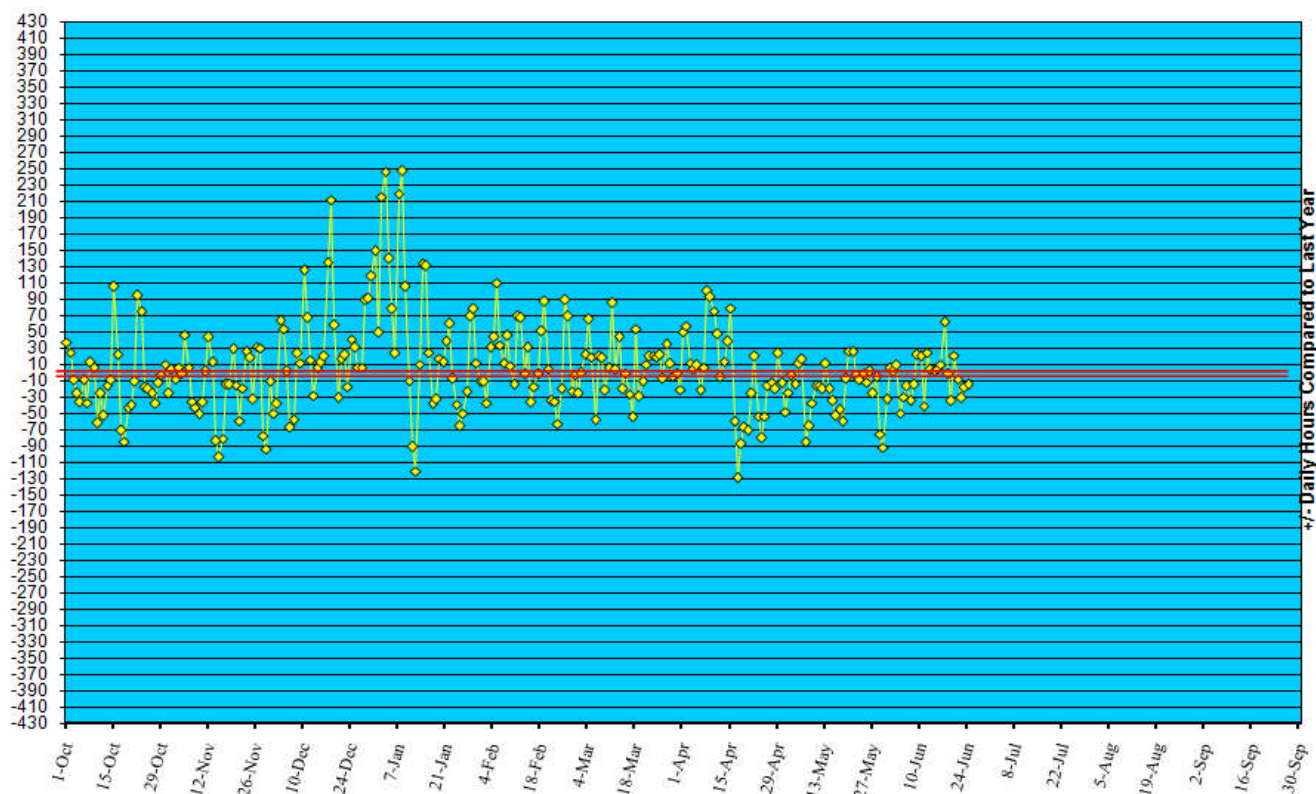


\* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

## **REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/11.

### **Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '12 to June 22, '13**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to an emerging public health threat for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in May 2013 did not identify any cases of possible public health threats.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

#### **Meningitis:**

New cases (June 16 – June 22, 2013):

Prior week (June 9 – June 15, 2013):

Week#25, 2012 (June 18 – June 24, 2012):

#### **Aseptic**

7

13

10

#### **Meningococcal**

0

0

0

## 5 outbreaks were reported to DHMH during MMWR Week 25 (June 16 – June 22, 2013)

### 2 Foodborne outbreaks

- 1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Food Store
- 1 outbreak of SCOMBROID POISONING associated with a Private Home

### 3 Respiratory illness outbreaks

- 1 outbreak of PNEUMONIA in a Nursing Home
- 1 outbreak of AFRD in a Hospital
- 1 outbreak of LEGIONELLOSIS associated with a Nursing Home

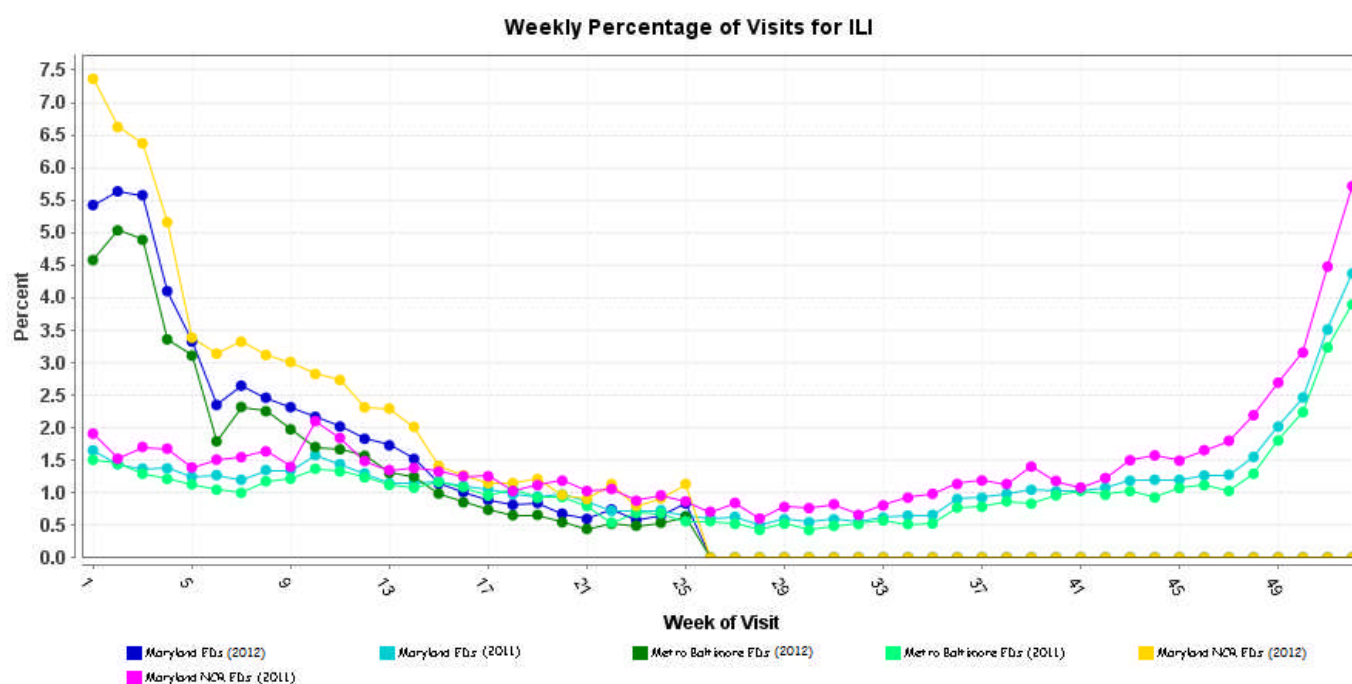
## MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

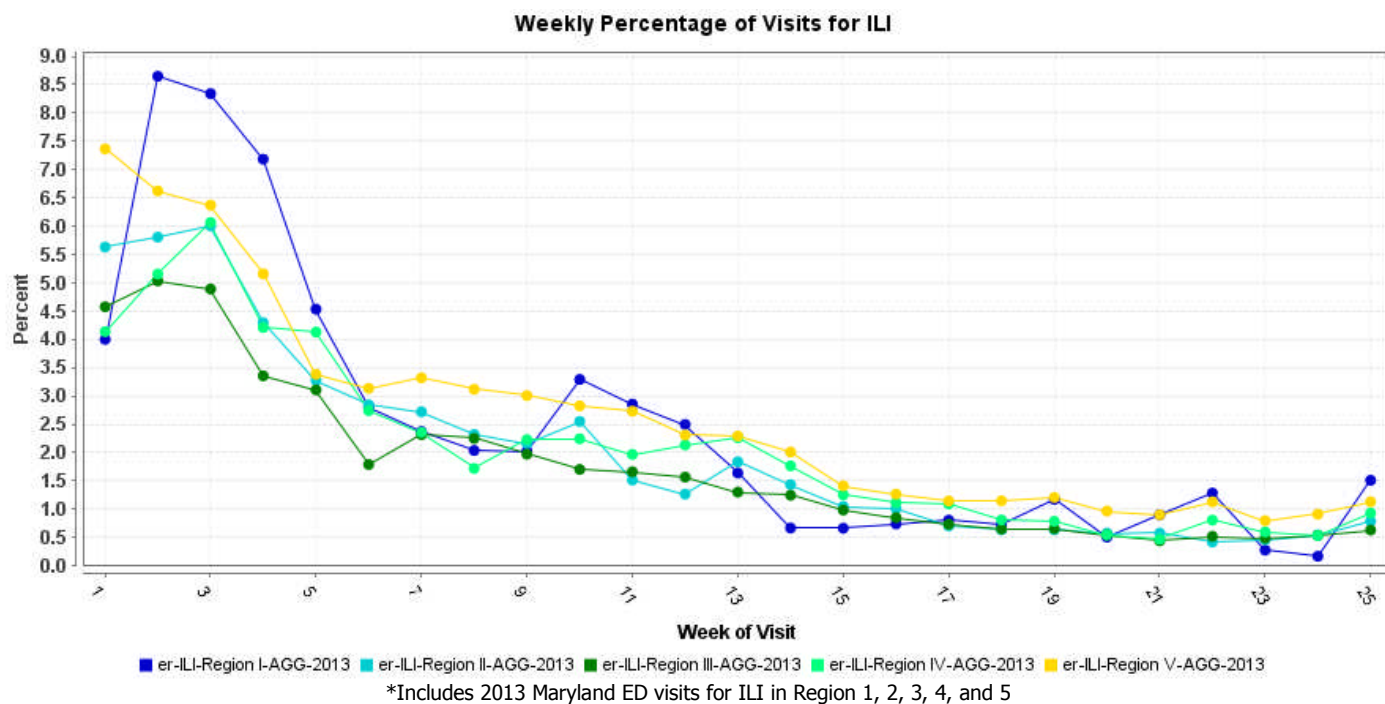
## SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

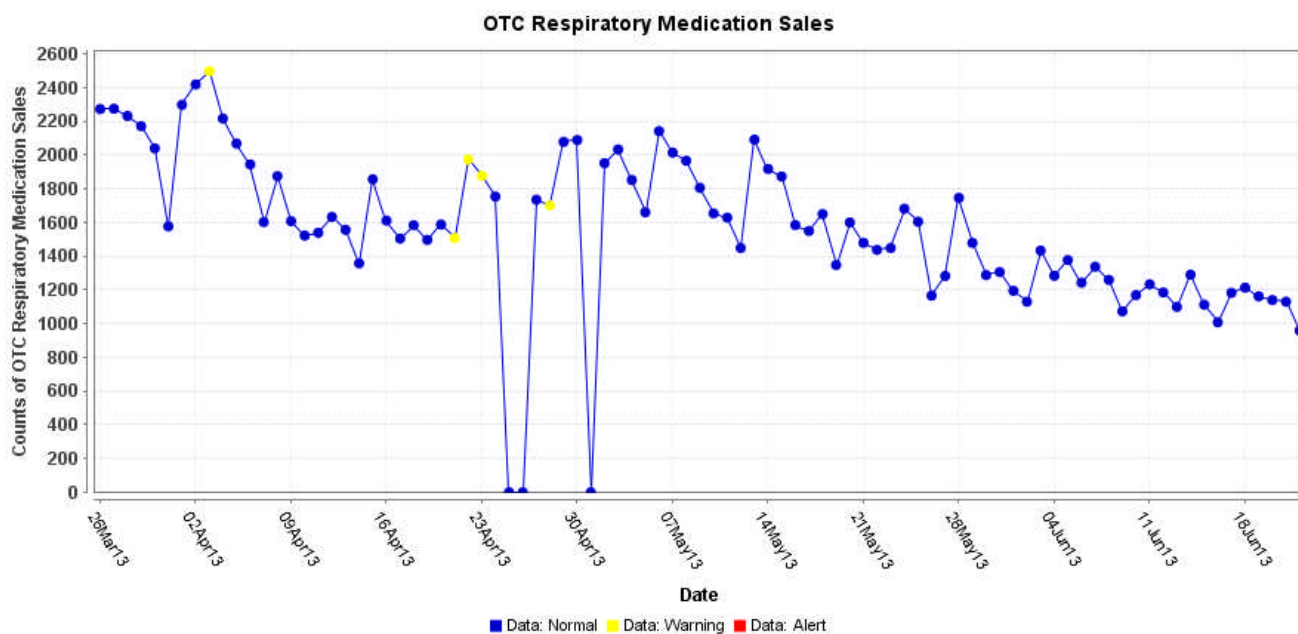


\* Includes 2012 and 2013 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



#### OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.





## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far. Influenza A(H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of June 4, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 630, of which 375 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 60%.

## **NATIONAL DISEASE REPORTS\***

**PLAGUE (CALIFORNIA):** 19 June 2013, Three squirrels with plague have been discovered at Cedar Grove Campground and Doane Valley Campground. San Diego County Department of Environmental Health officials urged hikers and campers to take simple precautions Wednesday [12 Jun 2013] to make sure they don't come into contact with squirrels or their fleas, which can spread plague, a disease caused by bacteria that can make people very sick and even kill them without quick treatment. "It's not unusual for us to find plague in our area, and there really are simple things people can do to protect themselves," said environmental health director Jack Miller. "The big thing is to avoid contact with squirrels and the fleas they carry. If you're camping, set your tents up away from squirrel burrows. If you're hiking, don't feed squirrels, and don't let your kids play with them." Two of the squirrels were trapped in routine monitoring at Cedar Grove Campground near Palomar Mountain; the 3rd was trapped at nearby Doane campground. Plague is mainly a disease of wild rodents, but it can be spread to people by fleas that feed on the blood of a sick animal and then bite humans. San Diego County's environmental health department monitors flea populations at campgrounds and takes measures to control those populations whenever necessary. People who visit or stay in rural mountain areas should look for Plague Warning signs and always follow these easy precautions to make sure they don't come into contact with plague-carrying fleas:

- Avoid contact with ground squirrels, chipmunks and other wild animals.
- Do not feed, touch or handle wild animals.
- Do not rest, camp or sleep near animal burrows in the ground.
- Do not touch sick or dead animals.
- Protect your pets by keeping them on a leash; use flea control, or, best of all, leave pets at home.
- Contact your doctor immediately if you become sick within a week of visiting an area known to have plague. (Symptoms include a sudden onset of fever, chills and tender swollen lymph nodes.) (Plague is listed in Category A on the CDC List of Critical Biological Agents) \*Non-suspect case

**E. COLI (ILLINOIS):** 18 June 2013, The number of cases reported in an *E. coli* outbreak has increased to 9 confirmed cases and 8 probable, DuPage County health officials said Tue 18 Jun 2013. Six of the 9 confirmed cases left people hospitalized, but all have been released, said Jason Gerwig, a spokesperson for the DuPage County Health Department. As part of the investigation, a restaurant in Lombard, Los Burritos Mexicanos remained closed. According to a statement from the county health department, some of the illnesses were caused by bacteria called Shiga toxin-producing *E. coli*, which cause diarrhea, often bloody. Although most healthy adults can recover completely within a week, some people can develop severe disease, including a form of kidney failure. Although the restaurant has been closed, Gerwig said it doesn't mean the restaurant or its employees are at fault. "It could be a product they order to make one their meals that may be the culprit," he said. Marco Arteaga, manager of the restaurant, said the restaurant is cooperating fully in the investigation. He said the cause of the outbreak is puzzling because none of his employees have been sick, and no problems have been reported at the restaurant's other locations in Villa Park and St. Charles. He said all the locations use the same food distributors. The DuPage County Health Department receives about 10 reports of Shiga toxin-producing *E. coli* a year, according to department officials. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**CAMPYLOBACTERIOSIS (NEW YORK):** 17 June 2013, Bacterial contamination was being blamed Monday, 17 Jun 2013, for an outbreak of foodborne illness following the popular Burger & Beer Bash in Westchester County earlier in June 2013. The county Health Department said that the *Campylobacter* bacterium was to blame for the outbreak at the 6 Jun 2013 outdoor food festival at the Kenisco Dam in Valhalla. The bacterium was identified through tests on samples from several people who got sick at the event. The department did not specify exactly how many people were sickened. But health officials have not determined the source of the bacterium, since most attendees ate food from many of the 30 different vendors at the event, the department said. The department has launched an investigation and has been interviewing people in an effort to trace the source. For most people sickened by the campylobacteriosis outbreak, the illness will resolve without medication within 3 to 5 days -- although it could be up to 10 days, the department said. In cases where a person's immune system is weakened by illness or medication, or in especially severe cases, antibiotics may be prescribed, the department said. "Anyone who has not already become sick following this event should no longer be at risk," Westchester County Health Commissioner Dr Sherlita Amler said in a news release. "Anyone who continues to have symptoms should contact his or her physician and should not go to work or school until symptoms resolve." The Westchester County Health Department issues more than 500 temporary food service permits annually, and a disease outbreak has not occurred in some time, the department said. "As part of our response, the health department will send sanitarians to each of the food service establishments who participated in the festival to provide a refresher to restaurant staff about food safety, with special emphasis on safe off-site practices," Amler said in the release. "Sanitarians will also conduct a detailed food preparation review by observing as restaurant staffers prepare the foods they served at the 6 Jun 2013 event." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

## **INTERNATIONAL DISEASE REPORTS\***

**Q FEVER (BRAZIL):** 16 June 2013, An outbreak of Q fever, a rare illness in Brazil, is being investigated by the [Minas Gerais] State Secretariat of Health. Between June 2010 and February 2013, 81 suspected cases were notified in the Metropolitan Region of Belo Horizonte and in April 2013, 6 patients were seropositive for the illness. Q fever is a zoonosis that is more common in countries such as the USA, France, Portugal, and the Netherlands. The Netherlands, in recent years, had thousands of human cases confirmed. Human infection is caused by direct contact, inhalation of aerosolized secretions of the infected animal, or by the consumption of raw milk. Tania Martial, coordinator of the Minas Gerais Center for Strategic Information in Health Surveillance (CIEVS), however, affirms that the majority of patients with suspected [Q fever] did not have contact with the animal reservoirs of the illness. "As a precaution we are continuing with the inquiry", she said. Elba Lemos of the National Reference Laboratory for Rickettsial Diseases of the Oswaldo Cruz (IOC/Fiocruz) Institute said, "Any assertion regarding a possible outbreak will depend on the results of the analyses presently being done in the laboratory." She added that the 1st description of Q fever in Brazilian territory was in 1953, identified by serology in Sao Paulo. Bahia, Rio de Janeiro, and Tocantins have diagnosed cases in the past. "More recently, in Minas Gerais and in Rio de Janeiro, antibodies against Q fever were found in 16 and 4 patients, respectively, from serological tests. (Q Fever is listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**SALMONELLOSIS (CHINA):** 18 June 2013, A total of 386 students at a school in southwest China's Sichuan Province were hospitalized on [Thu 13 Jun 2013], with food poisoning-like symptoms. Local authorities said at a press conference on [Sun 16 Jun 2013] that the case was due to contaminated cafeteria food. Peng Feng, Director, Meishan Health Bureau, said "Expert consultation and lab tests from the Centers for Disease Control and Prevention at the provincial, city, and district levels have identified the cause as salmonella-contaminated food. 278 students remain in 5 hospitals, of which 192 have been diagnosed as patients of infectious diarrhea and another 87 are under medical observation." Around 5 pm on [Thu 13 Jun 2013], some students started exhibiting symptoms of vomiting, dizziness, and fever at Meishan Yingtian School. It is a private school with over 1300 students between the ages of 2 and 17 in its kindergarten, primary, junior, and high-school grades. According to the provincial disease control and prevention center, the bacteria probably entered the food through improperly decontaminated containers. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**SALMONELLOSIS (ENGLAND):** 19 June 2013, A foodborne outbreak that affected hundreds of people in Newcastle was spread by uncooked curry leaves, an investigation has found. More than 400 visitors to the 3-day Street Spice event reported symptoms of diarrhea and vomiting, with 29 confirmed as having salmonellosis. Health experts found curry leaves used raw in chutney were contaminated by several different bacteria. Public Health England (PHE) said it was one of the UK's largest outbreaks. PHE said it was the 1st time one of the strains of *Salmonella* had been detected in the UK. Stephen Savage, director of regulation and public protection, said: "This decision, based on our enforcement policy, takes into account the lack of clear, official advice about the use of curry leaves and the overall good standards of food hygiene at the festival. We have recommended to the Food Standards Agency that they should develop information to be circulated nationally about the preparation of curry leaves and other herbs. We will ensure that this advice is given to the local restaurant trade." An estimated 12 000 people attended the event at the Centre for Life in Newcastle between 28 Feb and 2 Mar 2013. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**E. COLI EHEC (SCOTLAND):** 22 June 2013, Health chiefs have issued a food safety warning after recording "a higher than usual number" of cases of a potentially deadly strain of *E. coli*. NHS [Scottish National Health Service] Tayside has launched an investigation into a spike in the bacterial infection which is contracted by eating undercooked or contaminated meat. A statement from the health board said: "NHS Tayside has been notified of a higher than usual number of people who have become ill recently with *E. coli* O157 infection. Although the total number of cases remains small, we are investigating this in line with normal procedures, as we would for all cases of *E. coli* O157." Doctors warned that summer barbecues posed a particular risk because of the close proximity of cooked and uncooked meat and the chance of cross-contamination. They warned cooks to ensure their hands are washed thoroughly after handling raw meat and to cook food throughout. The statement advised: "Wash your hands before preparing any food and especially between handling raw and cooked meat. Raw and cooked foods should be kept apart at all times to avoid cross-contamination of bacteria from raw meat. Don't allow cooked food to make contact with hands, chopping boards, knives or tongs which have touched raw food. "Always ensure that meat is cooked throughout, none of the meat is pink and the juices run clear. This is especially important for chicken, burgers, sausages and kebabs. If barbecuing, food should be kept in the fridge or cool bag until they are ready to go on the barbecue, and serving bowls should always be covered to protect from dirt and insects. "If you're barbecuing for lots of people, you could cook meat indoors and finish it off on the barbecue to add that summer barbecue flavor. When you reheat food on the barbecue, make sure it's piping hot all the way through before serving." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

\*National and International Disease Reports are retrieved from <http://www.promedmail.org/>.

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmm.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmm.maryland.gov/flusurvey>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.



Zachary Faigen, MSPH  
Biosurveillance Epidemiologist  
Office of Preparedness and Response  
Maryland Department of Health & Mental Hygiene  
300 W. Preston Street, Suite 202  
Baltimore, MD 21201  
Office: 410-767-6745  
Fax: 410-333-5000  
Email: [Zachary.Faigen@maryland.gov](mailto:Zachary.Faigen@maryland.gov)

Anikah H. Salim, MPH, CPH  
Biosurveillance Epidemiologist  
Office of Preparedness and Response  
Maryland Department of Health & Mental Hygiene  
300 W. Preston Street, Suite 202  
Baltimore, MD 21201  
Office: 410-767-2074  
Fax: 410-333-5000  
Email: [Anikah.Salim@maryland.gov](mailto:Anikah.Salim@maryland.gov)

## Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

**Table: Text-based Syndrome Case Definitions and Associated Category A Conditions**

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF  ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

**Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents**  
(continued from previous page)

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person &gt; XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

**Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents** (continued from previous page)

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258  
Web Site: [www.dhmh.maryland.gov](http://www.dhmh.maryland.gov)